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APPLICATION NO. FILING DATE FIRST MAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATI 10/530,253 OMMAZOOS Maria C. Cassetti 00650/100M137-US2 5501 TITLE OF INVENTION: HUMAN PAPILLOMA VIRUS POLYPEPTIDES AND IMMUNOGENIC COMPOSITIONS APPLIN TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE I nonprovisional NO \$1400 \$300 \$0 \$1700 OM/19/7 EXAMBLER ART UNIT CLASS-SUBCLAS: SALIMI, ALI REZA 1648 442-404100 1. Change of correspondence address or indication of "Fee Address" (37 CFR L/50.) Change of correspondence address or indication form provisional provision of "Fee Address" (37 CFR L/50.) TOTAL FEE(S) DUE DATE I 1. Change of correspondence address or indication form provisional provision of "Fee Address" (37 CFR L/50.) TOTAL FEE(S) DUE DATE I 2. For printing on the patient front page, list (1) the names of up to 3 registered patient attorneys or agent) and the names of up to 2 registered patient attorneys or agent. If no name is 2 registered distance or of a single firm fluwings as a member a registered distance or of a single firm fluwings as a member a registered distance or of a single firm fluwings as a member a registered distance or of a single firm fluwings as a member a registered distance or of a single firm fluwings as a member a registered distance or of a single firm fluwings as a member a registered distance or of a single firm fluwings as a member a registered distance or of a single firm fluwings as a member a registered distance or of a single firm fluwings as a member a registered distance or of a single firm fluwings as a member a registered distance or of the patient. In on name is 3 1. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) Rec 4/4/05 R/F: 017014/0471 PLEASE NOTE: Unless an assignee is identified below, no assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) PLEASE NOTE: Unless of the patient of the patient of Fee(2): (Please first reapply any previously patid Issue fee shown above)			图	1 2 2007			(Depositor's nume
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O a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. O b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). FOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other claims as shown by the records of the United States Patent and Trademark Office. Authorized Signature Shelly M. Fujikawa Registration No. See 37 CFR 1.27(g)(2). Date			rmitted)	The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-0100 (enclose an extra copy of this form).			
Authorized Signature Shell M. Fujikawa Registration No.		•	•	Db. Applicant is no long	ger claiming SMALL E	ENTITY status. See 37 CI	FR 1.27(g)(2).
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